

APPLICATION FOR PERMISSION FROM PREVENTIVE MEDICINE TO OPERATE TEMPORARY FOOD ESTABLISHMENT AT FORT HOOD, TEXAS

DATE OF APPLICATION

Person in Charge of Establishment _____ Number of Workers _____ Phone _____

Location of Event _____ Date(s) of Event _____

Operating Times _____ Name of Organization or Sponsor _____ and Event _____

Check Type of Temporary Establishment: Non Limited Menu ____ Limited Menu ____ Restricted Limited Menu ____

FOOD ITEM AND VOLUME PLANNING TO PREPARE (POUNDS, GALLONS, ETC)	OFF SITE PREPARATION	COOKING PROCEDURE	METHOD FOR MAINTAINING TEMP

COMPLETE BACK PAGE

**DRAW BASIC LAYOUT OF FOOD
ESTABLISHMENT SET UP**

**LIST EQUIPMENT TO
BE USED**

(WAREWASHING, REFRIGERATION,
SINGLE SERVICE, GRILL,
CROCKPOTS, ICE CHEST, TABLES
ETC)

**PERSONS CERTIFIED/TYPE
OF CERTIFICATION**